



ENVIRONMENTAL HEALTH DIVISION

Structural Alterations and Additions

(For the facilities served by either a well or septic system)

**IF THE ADDITION OF A BEDROOM IS DESIRED, PLEASE FILL OUT AN
APPLICATION FOR IMPROVEMENT PERMIT**

Name _____ Phone Number _____
Mailing Address _____ Zip Code _____
Property Location _____
Email Address _____
Tax Map# or Parcel ID# _____ Lot Dimensions/Acreage _____
Proposed property improvement(s)
____ Expansion of the existing footprint of the facility
____ An additional building on the lot (detached garage, outbuilding, etc.)
____ Will there be any plumbing in this structure? This includes stubbed out plumbing for future use.
____ Swimming Pool
____ Underground Utilities
____ Other _____
Existing facility information: Year Built _____ Original Owner _____
Type of Septic System _____ Well Location _____

- 1. SUBMIT A PLAT OF THE PROPERTY SHOWING WHERE PROPOSED ADDITION IS DESIRED. ALSO SHOW EXISTING BUILDINGS, DRIVEWAY, OUT BUILDINGS, WELL, ETC.**
- 2. STAKE OUT THE PROPOSED ADDITION**
- 3. ALL PROPERTY LINES AND CORNERS MUST BE PROPERLY MARKED IN THE FIELD PRIOR TO THE ARRIVAL OF THE ENVIRONMENTAL HEALTH SPECIALIST**

The Owner/Authorized Agent signature indicates this material has been read, the information supplied is truthful, and authorizes the DCHD to enter the property to investigate this proposal.

Signature _____ Date _____

FOR OFFICE USE ONLY	
SITE PLAN APPROVED _____ DISAPPROVED _____	
By _____	Date _____
H.D. SIGN OFF REQUIRED PRIOR TO C. O. BY INSP. DEPT. YES ____ NO ____	
SEE ATTACHED SITE PLAN	
APPROVED BY: _____	DATE: _____
Comments: _____	

Authorization is subject to revocation if the site plan, plat or intended use changes.
Any authorization is based on available records, site observations and information supplied by the applicant.